

2006 Winter Youth Basketball

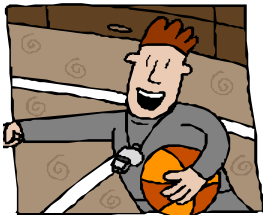
For children in grades 3rd-9th

All teams will practice once a week and games will be held on Saturdays. Schedules will be mailed out before Thanksgiving. The location and time will vary. Youth basketball allows children to learn skills, interact with others and enjoy the game. Recreational

Volunteer coaches and assistants are an essential part of the youth basketball program. With the leadership, guidance, hard work and volunteered time of these individuals we can ensure a successful program for the children. If you are able to coach, please indicate that on the registration form.

basketball also gives all enrolled children

the opportunity to participate in the program.



Dates: Practices start the week of November 27th. The first games will be held on December 2nd for all divisions, with the exception of grades 3&4 (scrimmage). The program will end on Feb. 10th pending snow days. Practice is one day a week, either on Monday, Tuesday, Wednesday or Thursday evenings. There are a **limited** number of spots available. The program is first come, first serve.
Cancellations: Basketball practice and games will not be held on snow days and/or those days where after school activities are canceled. Please call the information hotline 841-8336 for updates on cancellations after 4PM on weekdays or after 7:30AM on Saturdays. T-Shirts will be provided at the first practice.

Checks payable to: **Town of Shrewsbury**. Fees are non-refundable and non-transferable. All necessary information needs to be included in the registration form for it to be accepted. Only open to Shrewsbury residents

Please circle the Activity Code below

Fee: \$55

- | | |
|----------------------------------|-----------------------------------|
| #132020-A Boys 3-4 th | #132020-D Girls 3-4 th |
| #132020-B Boys 5-6 th | #132020-E Girls 5-6 th |
| #132020-C Boys 7-9 th | #132020-F Girls 7-9 th |

Refunds- will only be given if the department is able to take a participant off the waiting list which will include a \$5.00 administration fee. No refunds will be given after the second practice.

Mail-in registrations will only be accepted starting with a postmark date of September 30th thru October 14th. Thereafter, on October 16th walk-in/drop-off and mail-in registrations will be accepted based on availability. All programs have limited space and may fill up at any point during the registration process. Any predated postmarks will be return.

Child's Skill Level (please circle below):

(1) beginner
(new or little experience)

(2) intermediate
(some experience, understands most rules)

(3) advanced
(highly skilled, understands rules)

Child's Name: _____ Male _____ Female _____ Grade: _____ Date of Birth: _____

Parents Name: _____ E-mail: _____

Address: _____ Child's School: _____

Home Phone: _____ Cell Phone (emergency use only): _____

Emergency Contact: _____ Phone: _____

Allergies/ Medical Concerns/Special Needs: _____

Other basketball leagues the child is playing in? _____

One request per child (example: friend or specific night): _____

We will **try** to accommodate one request per child (no guarantees). If a child wishes to be placed with a friend, both registration forms need to indicate the same request or we are unable to accommodate. We will not be able to accommodate requests for specific coaches due to the large number of request that we have had in past. **Please include your child's skill level above.**

Coaches Information

All coaches are required to fill out a CORI form

Mandatory coaches meeting, Monday 11/13 or Tuesday 11/14, 7-8pm (we will also offer an optional skills clinic for coaches after the meeting 8-9pm). Coaches only need to attend one night and a team roster & schedule will be provided)

Coach's full name: _____ Coach's e-mail address: _____

Are there any nights that do not work for practices? _____ Coach's daytime #: _____

Waiver: Participant or parent hereby states that he or she understands the physical nature of the activity as well as any risk involved and agrees to release, discharge and hold harmless the Town of Shrewsbury, its employees and agents from any and all actions, claims, damages, and/or injuries that might occur during a parks & recreation activity and that the participant is accustomed to such activity or has consulted a physician as to the advisability of participation. Parent or participant hereby consents to medical treatment in the event of illness or injury (participant or child). Please list any medical/allergies/special needs that the staff should be aware of to make your participation a success. The Recreation Department

there are no refunds. If a participant does not follow the rules or guidelines when registering for a program then he/she will not be allowed to participate in that activity.

Indicate here if you don't wish for your child to be video taped or photographed ☐

Parent or Guardian Signature: _____ **Date:** _____